

RECEIVED
CENTRAL FAX CENTER

FEB 16 2007

REMARKS

Claims 9-11, 16-20, 25-31, and 39-50 are currently pending. Claims 1-8, 1-15, 21-24, and 32-38 are canceled and claims 45-51 are newly added.

1. Claims 9-11, 16-20, 25-31, 40-42 and 44 were rejected under 35 U.S.C. 102(e) as being anticipated by Lewis et al. (US 2001/0041992, herein "Lewis"). Applicants respectfully traverse this rejection.

Claim 9 is directed to a method for documenting medical findings of a physical examination. The method includes accepting from a user a first selection of an anatomical feature based on a first graphical representation of anatomical features. The method also includes displaying a second interface including a second graphical representation of anatomical features and a first set of controls relating to a first plurality of medical conditions in response to accepting the first selection. The second graphical representation of anatomical features and the first set of controls are displayed simultaneously without obstructing each other. Claim 18 is directed to a device for documenting medical findings of a physical examination, which includes an electronically readable media for storing instructions and a processor. The instructions implement a method similar to that of claim 9.

In its rejection, the PTO turns to Lewis. Lewis discloses an anatomical user interface for accessing health care information for a patient. The anatomic user interface generates an anatomic model of the patient from which a practitioner drills down to and selects an anatomical structure for which healthcare information is to be accessed (Lewis, Abstract). Referring to FIGs. 4F, 5A, and 5B, the anatomical user interface enables the user to drill down to and select codes through a series of menus. In particular, the anatomical user interface uses the menus to determine whether the user has selected the ICD9 code option or the CPT code option from the menu. Once the ICD9 code option is selected, an additional web page is displayed by the browser that includes an ICD9 tab from which the user selects ICD9 codes (Lewis, par. 83-85). "The user must navigate a series of menus organized in accordance with the INTERNATIONAL CLASSIFICATION OF DISEASE, 9th Edition, which classifies medical diagnosis in broad categories having more specific subcategories such as diagnosis, symptoms, complaints,

conditions, or problem. Hence, the user must drill down to a specific ICD9 code through these menus (Lewis, par. 84)." Lewis discloses a similar interface for CPT codes (see, for example, Lewis, FIG. 4G). Lewis fails to teach or remotely suggest simultaneously displaying a graphical representation of anatomical features and a set of controls relating to the plurality of medical conditions in a single interface. Moreover, Lewis fails to teach or remotely suggest displaying such an interface in the context of a drill down interactivity through anatomical features. In particular, Lewis fails to teach or suggest accepting a first selection of an anatomical feature and, in response to accepting the selection, displaying a second interface including a graphical representation of anatomical features and a set of controls associated with medical conditions.

In contrast, the presently claimed invention includes displaying an interface including both a second graphical representation of anatomical features and a first set of controls relating to a first plurality of medical conditions simultaneously and without obstructing each other. Displaying the interface is performed in response to selection of an anatomical feature based on a first graphical representation of anatomical features. Such a simultaneous display of a selectable graphical anatomic representation and a set of controls associated with a plurality of medical conditions in a context of an anatomic drill down organization is not taught or suggested by Lewis.

Lewis is further deficient with respect to other claimed subject matter. For example, Lewis fails to teach or suggest a drill down button (claim 27), a change system button (claim 28), an annotation control (claim 40), or a list of recent findings (claim 42), among others. Moreover, Lewis fails to teach or remotely suggest simultaneously having the second graphical representation of anatomical features and the first set of controls active.

Further, Applicants have discovered that the presently claimed invention provides additional technical advantages not taught or suggested by the cited art, such advantages being indicative of non-obviousness. In particular, the presently claimed methods and system lead to improved physician efficiency during patient encounters. Such an improved efficiency may lead to a reduction in the amount of time a physician uses to document a patient encounter, allowing the physician to spend more time examining a patient and reducing physician error. For example, the presently claimed methods permit documentation of a medical finding with two

clicks or selections by the physician (i.e., selection of an anatomical feature from a selectable anatomical image followed by selection of a medical finding associated with the anatomical feature or selection of a more detailed anatomic feature). In contrast, the methods of Lewis require at least four clicks or selections (i.e., selection of an anatomical feature from a group of anatomical features, selection of a code type, selection of a code, and selection of a control designed to move the code into a subsequent list). As such, the method of Lewis adds inefficiencies to patient encounter documentation not found in the presently claimed invention.

For at least the forgoing reasons, claims 9-11, 16-20, 25-31, and 40-50 are allowable over Lewis. As such, Applicants respectfully request reconsideration and withdrawal of the 35 U.S.C. 102(e) rejection.

2. Claims 39 and 43 were rejected under 35 U.S.C. 103(a) as being unpatentable over Lewis. Applicants respectfully traverse this rejection.

Claim 39 further states that the first set of controls includes a tri-state control. The PTO correctly acknowledges that Lewis does not explicitly teach tri-state controls. However, the PTO appears to argue incorrectly that the control does not functionally relate to the substrate of the method and misinterprets the discussion in the present application of the function of the tri-state control as labeling of the control. In fact, the function of a tri-state control in the context of a medical application has particular significance, as described in the present specification.

A tri-state control has three states. In the context of a medical interface, the states can represent that a condition or finding is "present," "not present," or "not entered." The label of the control is different from the state and can take a linguistic form, such as "color," "contusions," or "discoloration," as illustrated, for example, in FIG. 10 of the present application.

When documenting a medical finding, a physician often determines whether a finding is present or is absent. In addition, the physician may not examine a particular condition and thus, not come to a conclusion about its presence or absence. In general, physicians are compensated based on the examinations they make including determinations as to whether or not a condition exists and are not compensated if the determination is not made. As such, Applicants have

discovered that the use of tri-state control in the context of an anatomical drill down organization of an electronic medical record system provides advantages not found in the cited literature. Such advantages are, of course, indicative of non-obviousness. In particular, in the context of a drill down organization, especially when sets of tri-state controls are displayed simultaneously with those graphical elements permitting anatomical drill down, the use of a tri-state control in which those items that are examined can either be recorded as "present" or "not present" and those items not examined can be recorded as such allows for expeditious documentation of the patient encounter without further encumbering the physician. The combination of such tri-state controls with interfaces that permit anatomical drill down provides efficiencies not found in the methods of the cited literature.

With respect to claim 43, the Examiner appears to rely on Official Notice that wireless tablet computers were old and well known in the art at the time of the invention. Applicants respectfully traverse such Official Notice, noting the early priority date of the present application. Further, the use of such wireless tablet computers in the context of a system permitting the anatomical drill down documentation of medical findings is both novel and non-obvious.

For at least the forgoing reasons, claims 39 and 43 are patentable over Lewis. As such, Applicants respectfully request reconsideration and withdrawal of the 35 U.S.C. 103(a) rejection.


Applicants respectfully submit that the present application is now in condition for allowance. Accordingly, the Examiner is requested to issue a Notice of Allowance for all pending claims.

Should the Examiner deem that any further action by the Applicants would be desirable for placing this application in even better condition for issue, the Examiner is requested to telephone Applicants' undersigned representative at the number listed below.

Applicants do not believe that any additional fees are due, but if the Commissioner believes additional fees are due, the Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3797.

Respectfully submitted,

2-16-07
Date


John R. Schell, Reg. No. 50,776
Agent for Applicant(s)
LARSON NEWMAN ABEL
POLANSKY & WHITE, LLP
5914 West Courtyard Drive, Suite 200
Austin, TX 78730
(512) 439-7100 (phone)
(512) 439-7199 (fax)